

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/767331	FILING DATE 01-22-01
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	/
2		/					52	/
3		/					53	/
4		/					54	/
5		/					55	/
6		/					56	/
7		/					57	/
8		/					58	/
9		/					59	/
10		/					60	/
11		/					61	/
12		/					62	/
13		/					63	/
14		/					64	/
15		/					65	/
16		/					66	/
17		/					67	/
18	/						68	/
19		/					69	/
20		/					70	/
21		/					71	/
22		/					72	/
23		/					73	/
24		/					74	/
25		/					75	/
26		/					76	/
27		/					77	/
28		/					78	/
29		/					79	/
30		/					80	/
31		/					81	/
32		/					82	/
33		/					83	/
34		/					84	/
35	/						85	/
36		/					86	/
37		/					87	/
38		/					88	/
39		/					89	/
40		/					90	/
41		/					91	/
42		/					92	/
43		/					93	/
44		/					94	/
45		/					95	/
46		/					96	/
47	/						97	
48		/					98	
49		/					99	
50		/					100	
TOTAL IND.	3						TOTAL IND.	
TOTAL DEP.	88						TOTAL DEP.	
TOTAL CLAIMS	96						TOTAL CLAIMS	